Notice of Section 527 Status

OMB No. 1545-1693

partment of the Treasury			
art I General Information			
Name of organization Citizens for Alan Brown	State Repres	entative	Employer Identification number 93 1235147
Mailing address (P.O. Box or number, 1155 SW Coast Highway	street, and room or s	uite number)	
City or town, state, and ZIP code Newport, OR 97365			
E-mail address of organization alanbrown@netbridge.net			
Name of custodian of records	4b	Custodian's address 11855 SW Katherine St.	
Charlotte Benz Benz C & E Services		Tigard, OR 97223-3145	
Name of contact person	540	Contact person's address	
Alan Brown		1155 SW Coast Highway Newport, OR 97365	**************************************
Business address of organization (if d	ifferent from mailing a	ddress shown above). Number, street,	and room or suite number
City or town, state, and ZiP code			
Purpose			
Describe the purpose of the organizate			
To win elected office of	of state repre	sentative	
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art III List of All Related Em	tities (see instruc	tions)	
Name of related entity	8b Relationship	8c Address	
None			
None			
RECENTED			
RECEIVED			
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Part IV List of All Offi	cers, Directors, and Highly	Compensated Employees (see instructions)	
9a Name	9b Title	9c Address	
4.1 5			
Alan Brown	Candidate	1155 SW Coast Highway	
		Newport, OR 97365	
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June Brown	Treasurer	1155 SW Coast Highway	······
		Newport, OR 97365	
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Under penalties of p	perjury, I declare that the organization re	rmed in Part I is to be treated as an organization described in secti	on 527 of the Inter
Revenue Code, and	that I have examined this notice, includi-	ng accompanying schedules and statements, and to the bast of my	knowledge and bel
it is true, correct, ar	и соприя. Л		
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Sign Signature of	authorized official	Date	

Sign Here

